RESTRICTION OF INDIVIDUAL POLICIES

Refer to Supplemental Declarations if information is not shown on this form.
The information on this endorsement is subject to the ***terms*** contained in the General Policy Provisions.
This form is part of Policy No. _____
Named Insured: _____

Endorsement Inception Date _____ Endorsement Expiration date _____

At ***your*** request, ***we*** agree that this policy is restricted as follows:

Insured's Agreement

I have read this Restriction of Individual Policies Endorsement and consent to its attachment to ***my*** policy. ***I*** realize that it restricts coverage to the extent described in this form.

WE WILL FILE THIS FORM WITH THE INSURANCE DEPARTMENT EACH TIME THAT IT IS USED.

_____ _____
Date ***Your*** **Signature**

_____
(Insurance Company)